

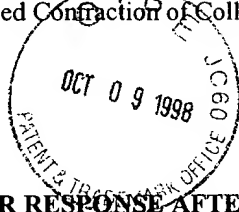
AF # 10/13/98  
 er's Docket No. 17616-705  
 #11

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Sharkey, Hugh; Fanton, Gary  
 Serial No.: 08/714,987 Group No.: 3736  
 Filed: 09/17/1996 Examiner: Shay, D.  
 For: Method and Apparatus for Controlled Contraction of Collagen Tissue

I hereby certify that this correspondence is being deposited with  
 the United States Postal Service as first class mail in an envelope  
 addressed to: Assistant Commissioner for Patents, Washington,  
 D.C. 20231, on October 13, 1998  
Sedaghi Mousavi  
 Signature  
10/13/98  
 Date

Box AF  
 Assistant Commissioner for Patents  
 Washington, D.C. 20231



AMENDMENT OR RESPONSE AFTER FINAL REJECTION—TRANSMITTAL

RECEIVED  
 OCT 15 1998  
 Group 3700

1. Transmitted herewith is an amendment after final rejection (37 C.F.R. 1.116) for this application.

STATUS

2. Applicant is a small entity. A statement was already filed.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:

Fee: \$55.00

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	29	Minus	44	= 0	x \$11 =	\$0
Indep.	2	Minus	3	= 0	x \$41 =	\$0
First Presentation of Multiple Dependent Claim					+ \$135 =	\$0
Total Addit. Fee						\$0

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,  
 \*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".  
 \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".  
 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

FEE PAYMENT

5. Charge Account No. 23-2415 the sum of \$55.00. A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 23-2415. If any additional fee for claims is required, charge Account No. 23-2415.

Date:

10/1/98

WILSON SONSINI GOODRICH & ROBERTS

*Paul Davis*

Paul Davis, Reg. No. 29,294

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